

CLAIMS ONLY

Application Number

.. Filling Date

10/647073

Applicant(s)

4-12-07

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---------------|----------|---------|-----------------------|---------|------------------------|---------|
| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| Total Indep. | | | 4 | | | |
| Total Depend. | | | 5 | | | |
| Total Claims | | | | | | |